

NM OFFICE OF THE MEDICAL INVESTIGATOR

Instructor Guide

[illegible]

COURSE TITLE:	NM Office of the Medical Investigator
INSTRUCTIONAL GOALS:	Students will acquire a basic understanding of the state statutes dealing with the New Mexico Office of the Medical Investigator and develop a basic foundation on how to conduct a death scene investigation at any type scene involving a fatality.
INSTRUCTIONAL OBJECTIVES:	<p>Upon completion of this block of instruction the participant will be able to:</p> <ol style="list-style-type: none">1. Identify the role of the Medical Investigator including jurisdictional boundaries, reportable cases, the proper procedures for conducting the initial death scene investigation, how cause and manner of death are determined, how examinations of remains are conducted, and what role the OMI plays in follow-up with law enforcement, family members, and other agencies.
INSTRUCTIONAL METHODS:	Class lecture with class participation, audio/visual equipment including desktop computer or laptop and LCD equipment for MS PowerPoint and video presentation.
HANDOUTS:	MS PowerPoint Handout of presentation
COURSE DURATION:	(3) Three hours
CURRICULUM REFERENCES:	NM OMI Policy Manual & NM OMI Standard Operating Guidelines
SAFETY CONSIDERATION:	None
EQUIPMENT, PERSONNEL, AND SUPPLIES NEEDED:	Handout for students
TARGET AUDIENCE:	Basic Police Officer Cadets/Recruits
COURSE PREREQUISITES:	None
INSTRUCTOR CERT.:	General Police Instructor

INSTRUCTOR RATIO: 1/40

EVALUATION STRATEGY: New Mexico Law Enforcement Officer Certification Exam

AUTHOR & ORIGINATION DATE: Steve Nunez, B.A., F-ABMDI – Sep 15, 2006

REVISION / REVIEW DATE(S):

REVISED / REVIEWED BY:

COURSE OUTLINE:**The NM Office of the Medical Investigator**

- I. NM Office of the Medical Investigator
 - a. Introduction – speaker’s demographics
 - b. Area covered – NM OMI and the State of NM
- II. Federal Jurisdictions defined – determine when OMI has jurisdiction if death occurs in:
 - a. National Parks
 - b. Indian Lands
 - c. Military Jurisdictions
 - d. Out of state death but incident occurs in NM
- III. Coroner vs. Medical Examiner systems – how OMI evolved from a coroner system into a ME system and an overview of how deaths are managed in the United States
 - a. Organization Structure – 1978 Statutes annotated – Creation and make up of the Board of Medical Investigators
 - b. Chief medical investigators since 1973
 - c. OMI and its relationship with University of NM & the UNM Hospital
 - A. UNMH as the only major trauma center in NM
 - B. OMI as Morgue Facility for UNMH on a contractual basis
 - C. OMI provides contractual pathology services for UNMH
 - D. Caseload review
 - d. OMI faculty and staff
 - A. Pathology
 - B. Forensic consultants
 - C. Fellowship & Residency programs
 - D. Central Office Investigators
 - E. Field Deputy Medical Investigators
 - F. Deputy Medical Investigators Designate
 - 1. Contractual agreements with Hospice & Home Health Care agencies in NM to provide pronouncement of death services on in-home deaths in NM
 - e. OMI statutory authority to investigate deaths in NM and its responsibility to work hand-in-hand with NM law enforcement agencies.
- IV. Review of Deaths in NM
 - a. Non-reportable deaths and overview by OMI in all deaths occurring in NM
 - A. Natural hospital deaths

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- B. Natural nursing home deaths
 - C. Natural hospice/home health care deaths managed by DMIDs
 - D. Death Certificate review – to preclude cases getting missed
 - E. Cremation Permit – reviewing death certificates and issuing permits to preclude cases getting missed.
- V. NM List of Reportable Deaths review – those deaths required to be reported to the OMI include:
- a. Sudden, unexpected death when person has not been under medical care for significant heart, lung, or other disease.
 - b. Suspected to be due to violence, i.e., suicide, accident, or homicide injury, regardless of when or where the injury occurred.
 - c. Suspected to be due to alcohol intoxication or the result of exposure to drugs or toxic agents
 - d. Residents housed in county or state institutions, regardless of where death occurs.
 - e. Deaths of person in the custody of law enforcement officers.
 - f. Deaths of persons in nursing homes or other private institutions without recent medical attendance.
 - g. Deaths occurring unexpectedly during, in association with or as a result of diagnostic, therapeutic, surgical or anesthetic procedures and deaths alleged to have been caused by an act of malpractice.
 - h. Deaths suspected to be involved with the decedent's occupation.
 - i. Deaths unattended by a physician.
 - j. Deaths due to neglect or suspected neglect.
 - k. Stillbirths of 20 or more week's gestation unattended by a physician.
 - l. Maternal deaths to include death of a pregnant woman regardless of the length of the pregnancy and up to six weeks post-delivery.
 - m. Deaths of infants or children where the medical history has not established a significant pre-existing medical condition.
 - n. Deaths possibly directly or indirectly attributable to environmental exposure.
 - o. Any death suspected to be due to infectious or contagious disease wherein the diagnosis and extent of disease at the time are undetermined.
 - p. Deaths occurring under suspicious circumstances
 - q. Deaths in which there is a doubt as to whether or not it is a medical investigator's case.
- VI. Overview of NM OMI jurisdictional deaths – breakdown statistically to show natural, accident, suicide, homicide, & undetermined in any given year.
- VII. Death Response Protocol
- a. Dispatch gets the initial call

- b. Rescue responds and provides a diagnosis – patient may be removed from scene if still alive or death may be “observed” and documented by EMS which then turns the scene over to
- c. Law enforcement responds and assumes custody of the scene including decedent if still on scene. Provides scene security and initial evaluation to determine criminality or lack thereof.
- d. OMI is notified immediately upon discovery of dead body.

VIII. OMI Death Scene Protocol

- a. Arriving at the scene
 - A. Introductions
 - B. Scene safety
 - C. Initial evaluations
- b. Scene investigations
 - A. Taking custody of remains
 - B. Working with law enforcement to collect and document information
 - C. Making pronouncement of death
 - D. Walk-through
- c. Scene photography
 - A. Need for photography by OMI
 - B. Need for scene sketch by OMI
- d. Examination of the body on scene
 - A. Need for examination of the body
 - B. Identifying, documenting, and collecting evidence on body
 - C. Making on-scene evaluations concerning cause and/or manner of death.
 - D. Working with law enforcement to identify, document and collect vital information
 - E. Preparing the remains for removal from the scene
 - F. Assuming and continuing chain of custody procedures on remains
- e. Death Scene Protocols – review
 - A. Motor vehicle crashes
 - 1. Passenger vs. driver
 - 2. Alcohol & drugs
 - 3. Positional asphyxia
 - B. Body not at scene – transported and pronounced in hospital (ER or inpatient)
 - 1. Medical artifact and paraphernalia an its importance to the investigation
 - C. Drugs – licit and illicit found at the scene
 - 1. Identification
 - 2. Documentation
 - 3. Disposal
 - 4. Responsibilities – OMI vs. Law enforcement vs. Family
 - D. Gunshot wounds

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- 1. Importance of clothing
 - 2. Caution in interpreting injuries/artifact
 - E. Pattern injuries
 - 1. Blunt force trauma
 - 2. Stabbing or cutting injuries
 - 3. Importance of having access to scene and possible weapons which might have been used
 - F. Identifying and documenting postmortem artifact
 - 1. Rigor mortis
 - 2. Livor mortis
 - 3. Insect/animal predation
 - G. Note the role of the medicolegal death investigators vs. law enforcement and the importance of working together to achieve goals.
 - H. Overview of OMI responsibilities:
 - 1. Pronounce death
 - 2. Gather & Record Information
 - 3. Scene Photography
 - 4. Provide Information
 - 5. Take custody of the body
 - 6. Determine need for further examination if necessary and what type of examination
 - IX. The Forensic Autopsy (this portion of the presentation is supported by a video showing an actual autopsy – up to the point of examining various internal organs).
 - a. Overview of OMI facility
 - b. Personal Protective Equipment used by OMI staff during examination of remains
 - c. Collecting body fluids – vitreous, blood, urine
 - d. Collecting evidence from body for law enforcement
 - e. The autopsy procedure in detail
 - A. Y-incision
 - B. Opening chest cavity
 - C. Examining all internal organs and body cavity
 - D. Opening and examining the head/brains
 - E. How organs are examined
 - F. What happens to materials collected
 - G. What happens to body at the end of the autopsy
 - X. OMI Reports – access and availability
 - XI. Grief Intervention Program - OMI – an overview of capabilities and resources provided by the OMI GIP.

**Instructor Notes:**

- Introduce Course
- Introduce Self
- Go over classroom and housekeeping rules
- Distribute Student Handout
- Discuss Course Goals and Objectives

Course Goal: Students will acquire a basic understanding of the state statutes dealing with the New Mexico Office of the Medical Investigator and develop a basic foundation on how to conduct a death scene investigation at any type scene involving a fatality.

Objectives: Upon completion of this block of instruction the participant will be able to:

Identify the role of the Medical Investigator including jurisdictional boundaries, reportable cases, the proper procedures for conducting the initial death scene investigation, how cause and manner of death are determined, how examinations of remains are conducted, and what role the OMI plays in follow-up with law enforcement, family members, and other agencies.

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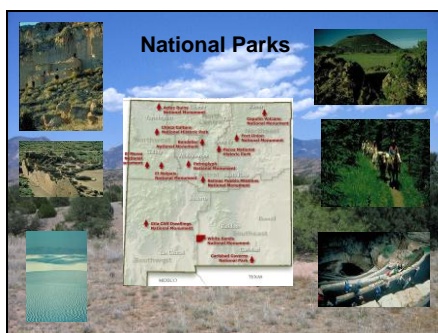
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Slide 2



The NM OMI is a state agency and as such only has jurisdiction on State land. It is important to understand that there are places in NM where the medical investigator cannot investigate deaths. However, in those areas where jurisdiction is assumed, OMI must be staffed to cover 24/7 all over the State.

Slide 3



One area where OMI does not have jurisdiction is on National Park land. Anyone found dead in a National Park falls under the jurisdiction of the Federal government. They investigate their own deaths, but most likely will hand over jurisdiction to local police department, sheriff's office or state police. If that is the case, OMI may also assume jurisdiction in the death. Deaths in National Parks can be problematic due to weather, accessibility, etc.

Slide 4



Indian lands also fall outside the jurisdiction of the OMI. Deaths occurring on reservations or pueblos are managed by tribal police, BIA, or FBI depending on the circumstances. Since OMI is a state agency, we make our services available to Indian nations on a consultation (fee) basis. Indian governments have the option of using us or not – it is their call. FBI gets involved in homicide or suspicious homicides – in those cases they will always want an autopsy and hire OMI as a consultant for this purpose.

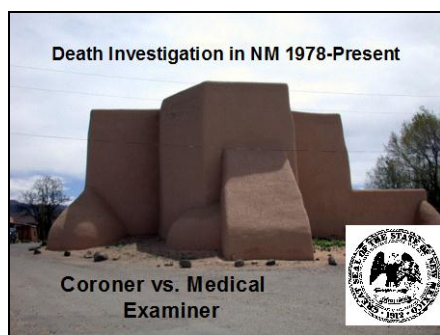
Slide 5



Military bases also fall outside the jurisdiction of the OMI. Deaths occurring on military bases are handling by military police and examinations may be done by them or hired out to other Federal recourses. Military establishments in NM feel comfortable using OMI on a consultation basis.

Military members dying off base and on state land would fall under our jurisdiction; however, we would work closely with the military to insure they get what they need.

Slide 6



Not all deaths are managed the same way in every State. How deaths are managed is determined by rules, regulations, policies, procedures, statutes, etc. Coroner systems where an individual runs for the office of coroner and gets elected by a majority of voters is the norm for most of the country. However, more and more states are opting to use physicians or forensic pathologists to oversee deaths in their defined jurisdictions. Many of these are referred to as medical investigator systems.

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**Organizational Structure
1978 New Mexico Statutes Annotated**

- 24-11-1 NMSA 1978 - *Board of medical investigators*; creation; membership; compensation.
 - *There is created the "board of medical investigators" consisting of the dean of the University of New Mexico school of medicine, the secretary of health, the chief of the New Mexico state police, the chairman of the state board of thanatopractice and the director of the New Mexico office of Indian affairs.*

24-11-1 NMSA 1978 - *Board of medical investigators*; creation; membership; compensation. –

OMI is governed by a Board. The Board meets regularly to help OMI conduct business and to review policies, protocols, and procedures. The Board is also responsible for appointing the Chief Medical Investigator.

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Chief Medical Investigators 1973-Present

- Dr. James T. Weston
– 1973-1982
- Dr. John E. Smialek
– 1982-1986
- Dr. Patricia J. McFeeley
– 1986-1991
- Dr. Ross Zumwalt
– 1991-present

Individuals who have served as Chief since the creation of the system.

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OMI & The University Hospital

Major Trauma Center
Morgue Facility
Contractual Pathology Services
Consultation/Education

Total Cases Reviewed - 2004 - 371
Total autopsy cases - 65

OMI & University Hospital – As the only Major Trauma Center in NM, UH is a busy hospital and has an excellent working relationship with OMI. Many cases come to OMI from the UN emergency department. OMI provides Contractual Pathology Services for UH and conducts all of their clinical autopsies. OMI is also the morgue facility for the UH and may hold cases while families decide where they want to send them or if the decedent is unidentified or indigent.

Slide 10



Current administrative staff include the Chief and the Assistant Chiefs.

Slide 11



Other Medical Investigator staff currently working at OMI. These individuals perform all of the forensic autopsies for the State of NM. When they are not conducting autopsies they are in court, talking with families, dictating their findings, conducting research, and attending to their responsibilities as faculty with the University of NM.

Slide 12



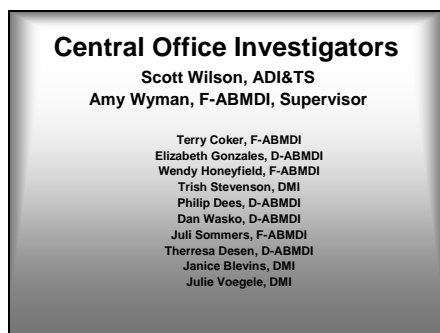
Forensic Consultants are also employed with the OMI including a Forensic Anthropologist who helps with identified remains and burials involving current and ancient remains; a Forensic Odontologist who helps with identifying unidentified remains; and a Forensic Epidemiologist who helps in processing the data collected going back to 1978.

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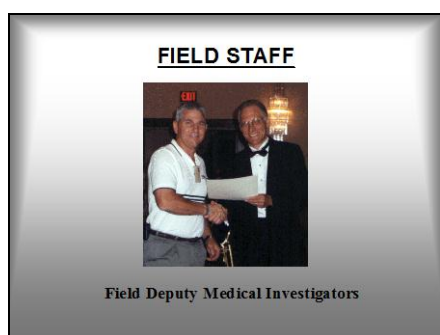
OMI also has a Forensic Fellowship Program which trains at least 4 individuals a year in forensic pathology and death investigation. Doctors from the US, Canada and Australia have gone through our training and many are currently heading or working with medical investigators systems in the US. Several of our own staff went through the fellowship program prior to being hired at OMI. A very popular program for training Board Certified Forensic Pathologists.

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In addition to the physicians, the OMI has a staff of Central Office Investigators. These individuals work on a call schedule 24/7 and conduct death scene investigation within Bernalillo County. They also review cases which occur throughout the State and together with the on-call pathologist decide how cases are to be managed. All decisions to autopsy or not to autopsy are made by the Central Office staff after the case has been reviewed.


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OMI also employs approximately 120 on-call field deputy medical investigators who are stationed in counties throughout the State to respond 24/7 to any death that falls under OMI's jurisdiction. They perform the death scene investigations outside of Bernalillo County for OMI and report their findings to the central office so that a determination can be made on how to manage those deaths.

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Deputy Medical Investigator Designate - Program



- Contractual Agreements - Hospice and Home Health Care Agencies
- Deputize Registered Nurses
- Provide Oversight
- Total cases each year ~2,800

Finally, OMI has a category of investigator titled Deputy Medical Investigator Designate. These are registered nurses who work with Hospice and Home Health Care agencies who care for terminally ill patients in their homes. OMI trains and deputizes these nurses to conduct oversight in these deaths, pronounce death, and manage the removal of the remains from the scene. These deaths are monitored by the agency staff, the primary care physicians, and OMI receives a report of the death to insure that it does not fall under the category of reportable.

Slide 17

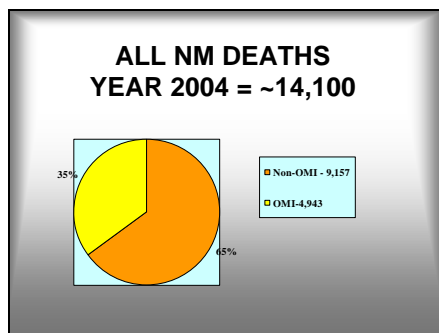
**Death Investigation
STATUTORY AUTHORITY**

- **24-11-5 NMSA 1978 - Reports of violent death.**
 - When any person comes to a sudden, violent or untimely death or is found dead and the cause of death is unknown, anyone who becomes aware of the death shall report it immediately to law enforcement authorities or the office of the state or district medical investigator. The public official so notified shall in turn notify either, or both, the appropriate law enforcement authorities or the office of the state or district medical investigator. *The state or district medical investigator, or a deputy medical investigator under his direction, shall without delay, view and take legal custody of the body.*

24-11-5 NMSA 1978 - Reports of violent death.

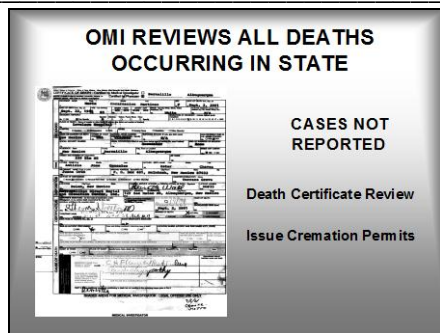
Another important statute that defines the responsibilities of the OMI and more specifically the responsibility for OMI to work hand-in-hand with law enforcement and vice versa.

Slide 18



Provides an overview of the total number of deaths that occur in NM in a given year and how many actually fall under the jurisdiction and are investigated by OMI. It is important to note that those cases not managed by OMI are natural deaths managed by the Medical establishment including hospitals, nursing homes, and hospice and home health care agencies

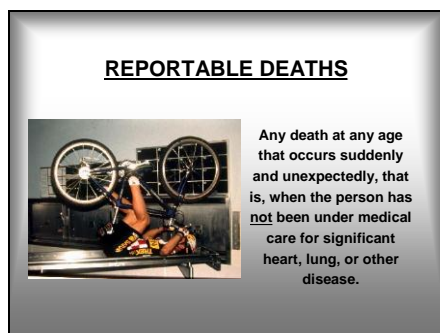
Slide 19



If OMI does not do the investigation or issue the death certificate, the death certificate is still reviewed by OMI to insure that cases do not slip through the system. Deputy Mis review death certificates and investigate any case that might be questionable. Another safeguard instituted by the State to insure that questionable remains/evidence do not get destroyed requires a cremation permit signed by an OMI representative prior to cremating remains.

Review the List of Reportable Deaths

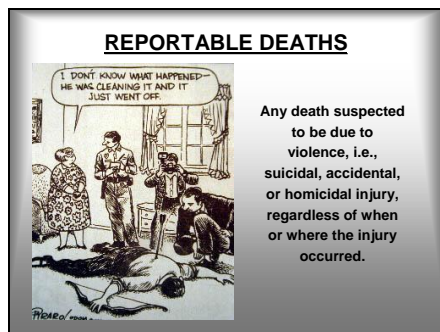
Slide 20



REPORTABLE DEATHS -

Any otherwise healthy person who dies suddenly and unexpectedly would fall under the jurisdiction of the OMI.

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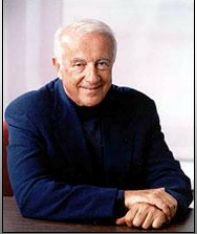


REPORTABLE DEATHS

The key phrase is “regardless of when or where the injury occurred” – it is very important that OMI rule out trauma, foul play or suspicious or criminal activity in order to determine jurisdiction. Emphasize that individuals don’t necessary die right away and may die days, weeks, months, and even years after an initial injury. If that injury is related in any way to the death, it is a reportable death.

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Dr. Robert C. Atkins



Dr. Robert C. Atkins, 72, creator of a controversial low-carbohydrate, high-protein diet, died today (4/17/03) as a result of a head injury on 4/8/03 after falling on an icy sidewalk while walking to work.

This is an example of such a situation. This gentleman did not die when he fell. He was taken to a hospital and died several days later. That death would have been reportable to the OMI and the OMI would be required to determine whether it was an accident, suicide, homicide, etc.

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REPORTABLE DEATHS




Any death suspected to be due to alcohol intoxication or the result of exposure to drugs or toxic agents.

REPORTABLE DEATHS

Exposure to drugs or toxic agents would make the death an OMI case; however, when talking about illicit drugs or alcohol, our investigators are trained to ask specifically about consumption and if or whether there is a relationship to the death whether the decedent was imbibing or those around him/her.

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REPORTABLE DEATHS



Any death of a resident housed in county or state institutions, regardless of where death occurs. This refers to any ward of the state or individual placed in such a facility by legal authorization.


REPORTABLE DEATHS

Any death occurring in a state institution would fall under OMI – Las Vegas Medical Center, Ft. Bayard Medical Center, and NM Veterans Facility in T or C.

The State has liability in these circumstances and it is the responsibility of the OMI to provide oversight.

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REPORTABLE DEATHS



OH, RIGHT... IT'S ALL ABOUT YOU, ISN'T IT?

Any death of a person in the custody of law enforcement officers.

REPORTABLE DEATHS

By the same token any one who dies while in police custody also falls under OMI jurisdiction. Once again the city, county, or State incurs liability, and it is the responsibility of the OMI to determine cause and manner of death in these circumstances.

Slide 26

REPORTABLE DEATHS

Any death of a person in a nursing home or other private institution without recent medical attendance.

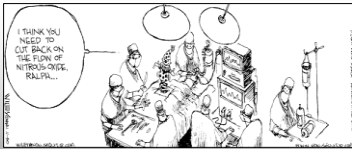


REPORTABLE DEATHS

Although natural deaths occurring in nursing homes are not reported to the OMI and do not fall under our jurisdiction, accidents, suicides, and even homicides may still occur in these facilities and OMI would have to respond with law enforcement and take jurisdiction in those cases. OMI would also respond if suspicious numbers of deaths occurring over a short span of time also came to our attention or the attention of staff, family members or other agencies.

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REPORTABLE DEATHS



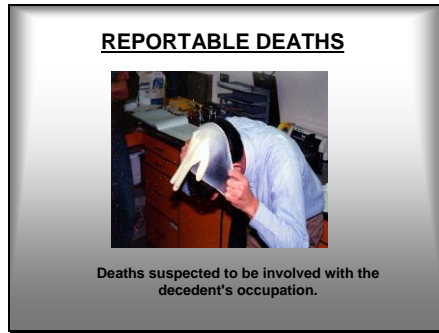
I THINK YOU NEED TO CUT BACK ON THE TUNING OF NITROUS-OXIDE, BUBBLE...

Any death that occurs unexpectedly during, in association with, or as a result of diagnostic, therapeutic, surgical, or anesthetic procedures - Deaths alleged to have been caused by an act of malpractice.

REPORTABLE DEATHS

These deaths are all reported to OMI but not all of them are accepted. Each case is individually assessed to determine whether OMI must take jurisdiction or not.

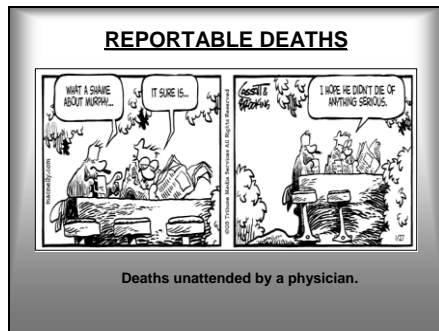
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REPORTABLE DEATHS

Obvious deaths which occur while on the job may not pose a problem, but there are issues in determining whether work related injuries and illnesses that do not cause immediate death fall under OMI jurisdiction or not. Examples would be coal miners pneumoconiosis, asbestosis.

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REPORTABLE DEATHS

These are the majority of cases investigated by OMI. Elderly individuals not sick enough to be in hospitals, nursing homes, or under hospice, but with some medical condition who die suddenly and unexpectedly at home. These would fall under the jurisdiction of the OMI and OMI would respond to rule in/out trauma, foul play or suspicious circumstances.

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REPORTABLE DEATHS

Examples are given of individuals who competent to and choose the right to die option as opposed to those under the care of another individual who for whatever reason chooses not get care for that person. In one case you are dealing with a natural death and the other may be a situation of criminal abuse or neglect.

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REPORTABLE DEATHS

Any stillbirth of 20 or more weeks gestation unattended by a physician.

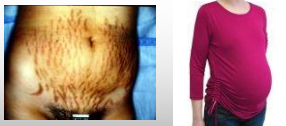


REPORTABLE DEATHS

These would occur outside of a medically supervised environment and as a result OMI would take jurisdiction to rule in/out trauma, foul play or suspicious circumstances to the fetus or mother.

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REPORTABLE DEATHS



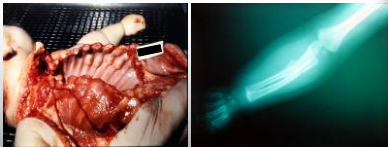
Any maternal death to include death of a pregnant woman regardless of the length of the pregnancy, and up to six weeks (or one year) post-delivery, even where the cause of death is unrelated to the pregnancy.

REPORTABLE DEATHS

These deaths involve otherwise healthy young women who have recently given birth. OMI assumes jurisdiction to assist in the determination of cause and manner of death and to try to determine if these deaths are preventable. All information is shared with family and treating physician(s).

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REPORTABLE DEATHS




Any death of an infant or child where the medical history has not established a significant pre-existing medical condition.

REPORTABLE DEATHS

When an otherwise healthy infant or child is found dead suddenly or unexpectedly, the OMI along with law enforcement would assume jurisdiction and conduct an investigation and examination to determine cause and manner of death. This is an example of a child with injuries not visible to the naked eye, but with obvious death causing injuries once x-rayed or autopsied.

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REPORTABLE DEATHS



Deaths which are possibly directly or indirectly attributable to environmental exposure not otherwise specified.

REPORTABLE DEATHS

Death scene investigation by a trained investigator allows for the collection of vital data which might contribute to a death. Exposure can be associated with alcohol/drug abuse and may also occur among the elderly who for whatever reason do not use their utilities as required and succumb to extreme temperatures both inside and outside of their homes.

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Over 11,000 dead in French heat

An estimated 11,435 people died in France's heatwave in the first half of August (2003), according to the country's Health Ministry.

Temperatures rose to over 40C in the first two weeks of the month, leading to an unusually high number of deaths of mainly elderly people and putting a heavy strain on mortuaries and funeral services.

"These are provisional figures, but duty to the truth obliges me to make them public right now," said Health Minister Jean-Francois Mattei in a statement.

Estimates by the country's leading undertakers' group have been consistently higher than the government's.



The heavy strain on mortuaries led to bodies being stored in lorries

A blatant example of large numbers of death occurring under extreme circumstances. I illustrate that this has not happened here in the US in these numbers, but the potential exist and we have actually seen numbers in the hundreds in cities in the northeast during wintertime.

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REPORTABLE DEATHS

Any death suspected to be due to infectious or contagious disease wherein the diagnosis and extent of disease at the time are undetermined.

Neurofibromatosis



REPORTABLE DEATHS

Individuals diagnosed with life threatening infectious diseases who die prior to reaching the terminal stages of the disease must be investigated to rule out foul play and or misdiagnosis or harm to the community.

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REPORTABLE DEATHS

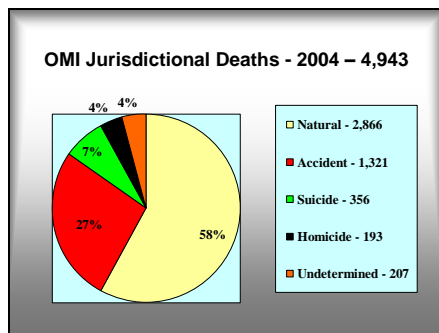
Any death occurring under suspicious circumstances.

Any death in which there is doubt as to whether or not it is a medical investigator's case should be reported.

REPORTABLE DEATHS

Finally, we tell all facilities that deaths may be reported to OMI and reviewed to determine whether or not they should be OMI cases. This covers hospital, nursing homes, and hospice and home health care situations where subtle cases may be diagnosed or misdiagnosed as OMI reportable.

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An overview once again that highlights the numbers of cases we get involved in and how they break down by manner of death. Overwhelmingly, natural in-home deaths are the majority of cases picked up by OMI but there are still a significant number of non-natural deaths that must be investigated/examined as well.

Review The Death Scene Protocol

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DEATH INVESTIGATION



DISPATCH

RESCUE

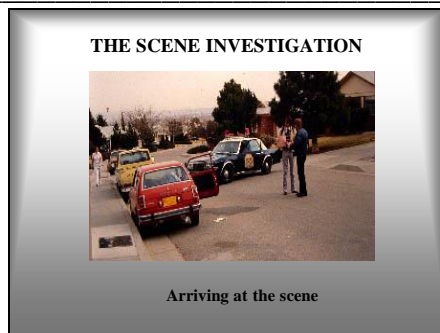
LAW ENFORCEMENT

OMI

DEATH INVESTIGATION

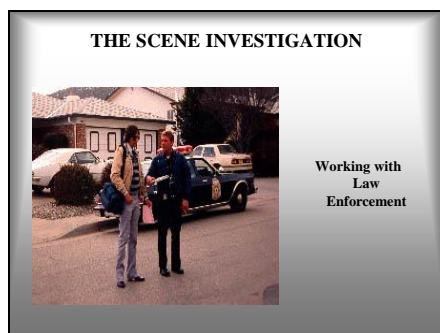
Go over the step-by-step process that occurs when a dead body is found showing how each agency assumes initial responsibility and works in concert with other agencies to insure that everyone gets what they need.

Slide 40



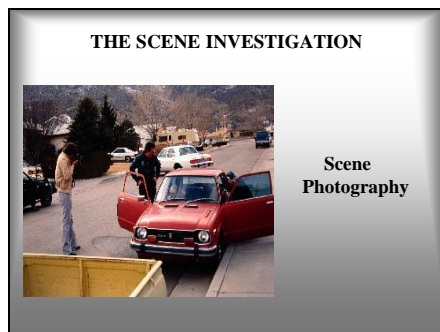
Emphasize the importance of providing proper identification and recognizing the roles and responsibilities of all individuals involved especially EMS, Law enforcement, and OMI.

Slide 41



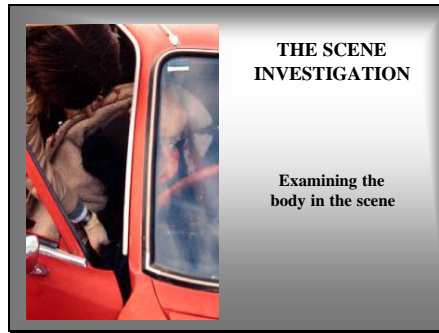
When OMI arrives at the scene, LE has already collected a wealth of information that they share with us to help determine how the investigation is to proceed. Emphasis is placed on leaving the scene intact (as much as possible) so that OMI can evaluate and document as necessary with emphasis on whether body or evidence has been moved or removed, etc.

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Like law enforcement OMI is required to photograph the scene. Since the physician who will sign the death certificate does not go to the scene, it is important for the medical investigator to photographically document what is seen so that the physician has a good idea of what we saw. In some cases, photographs have assisted in determining both the cause and manner of death even after all autopsy findings turned up negative.

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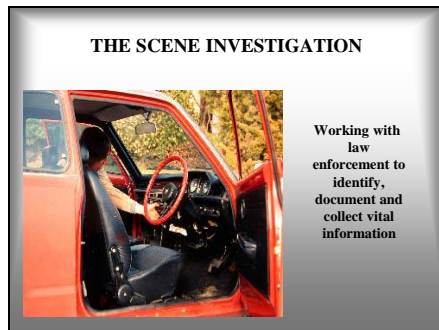
The medical investigator has a responsibility to examine the decedent on scene. By doing so, we can discover whether the information we have up to that point is accurate, whether there are any identifiable marks, scars, or injuries, to assist with identification and possibly assist with determination of cause and manner of death based on obvious findings on the remains. It is also to record and postmortem artifact visible at the time of examination.

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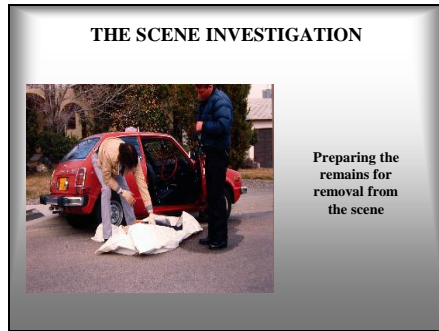
If perishable or trace evidence is found during examination of the remains on scene, the evidence is documented, photographed, and permission is sought to retrieve it so that it does not get destroyed or lost in transit with the body.

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OMI will also conduct a scene investigation along with law enforcement to find clues in the scene that will assist in determining cause and manner of death. Where suicide is a concern, we might be looking for suicide notes or trying to determine if the decedent was capable of taking his/her own life and why. Obvious clues like gun cleaning kits, suicide notes, letters with suicide ideations, etc. are all documented and reviewed by the pathologist who will issue the cause and manner of death.

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Once the body has been examined on scene and law enforcement and OMI agree that it is appropriate, the body may be removed to a holding facility under the authority of the OMI investigator. The body is secured in body bag with an evidence seal establishing chain of custody.

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The body bag will not be opened by anyone except the physician or investigator who will conduct an examination thereby assuring chain of custody from the scene. It is the only way we can assure that the body has not been tampered with and arrives at the examination facility intact.

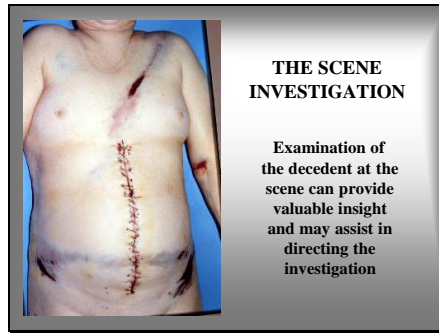
Case Reviews

Slide 48



Motor vehicle crashes can pose a great challenge because many happen in the early morning on dark roadways under difficult conditions for conducting investigations and on-site examinations of remains. Trying to determine on-site whether the decedent was the passenger or driver might be essential to the police investigation, but it might not always be possible to make that determination if the circumstances don't allow.

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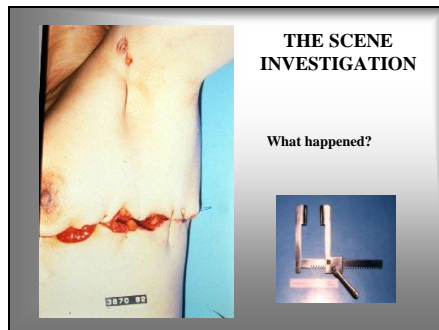
Injuries noted on the decedent may or may not be consistent with the information received at the scene. When they are obvious such as this person who was wearing a seatbelt on the driver's side of the vehicle, not all cases may be this obvious. Our investigators are cautioned to take care in evaluating and

Slide 50



Not all accident victims die on scene. Many are removed by EMS and taken to the hospital. It is imperative that we work with hospital staff to insure that any medical intervention is well documented so that OMI can distinguish between what happened at the time of the accident, and what medical people did to the body during transport or in the hospital ED. We recommend all intervention be left in place and not removed by hospital staff to prevent creating other artifact.

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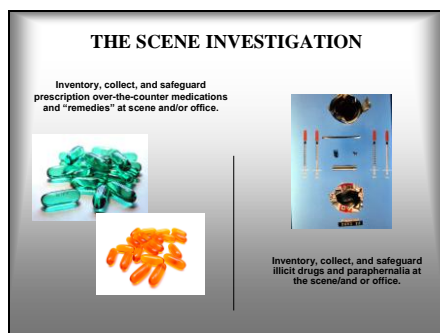
An example of artifact created during emergency heart surgery. Tools used during this procedure can create artifact that might be confusing when observed by an investigator or pathologist.

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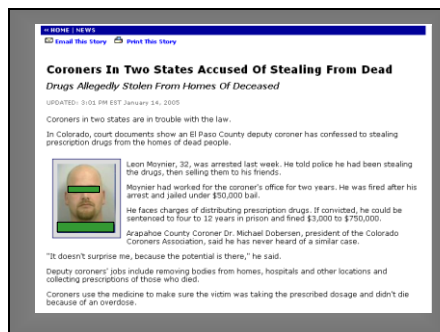
Aggressive resuscitative attempts may also leave artifact, and unless we are able to communicate with the fire and/or rescue people who responded, it might be difficult to determine what that artifact represents.

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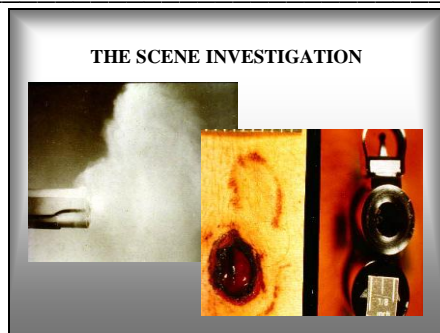
The issue of licit and illicit drugs must be addressed at every scene, and it is important for law enforcement and OMI to determine who has responsibility for what when it comes to drug paraphernalia.

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A good example of why it is important to secure medications and that someone is put in charge of documenting and controlling those meds.

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Gunshot wound scenes also pose a great challenge for the investigator. Victims who do not die at the scene may be transported by EMS and clothing or other evidence could easily get damaged or destroyed. It is important to understand the type of weapon and ammunition that was used, and to not jump to conclusions in trying to determine entrance vs. exit wounds, as these can be very difficult to discern even under the best of circumstances.

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One of the primary goals during examination of remains on scene and at autopsy is to determine what certain pattern injuries seen on a decedent represent and what caused them and how. Law enforcement is encouraged to share any insights that might lead to identifying the actual instrument that might have come in contact with the body, but clues may also be found in the pattern on the body or clothing as well.

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An obvious example of how patterns left on the body may also be transferred to the clothing worn at the time the victim was struck. Emphasizes the importance of collecting the clothing for examination in all OMI cases.

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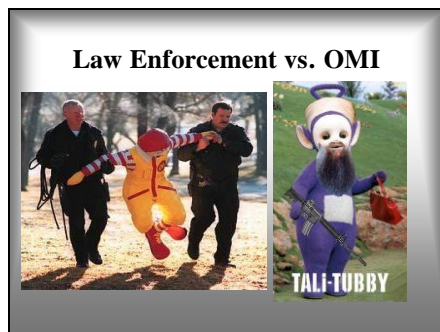
In addition to artifact created by medical intervention or by an actual assailant, it is important to note that an exposed body can be altered in many ways. This is an example of insect artifact that closely resembles “road rash” – this person was in a roach infested environment after he died, and was subsequently exposed to predation by these insects creating the artifact noted.

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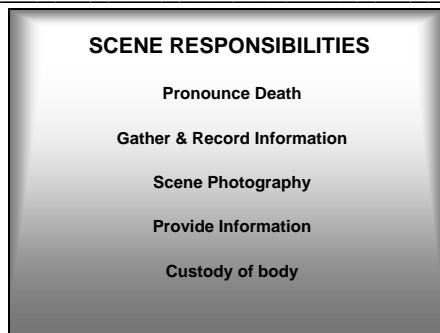
Similarly, bodies left with animals – dogs, cats, etc. – may be altered by a hungry pet. If the body isn't found for a while, it will also undergo “postmortem” or after death changes to include bloating, putrefaction and eventually skeletonization or mummification depending on the body habitus, the clothing worn, what the body is laying on, and the weather or environmental conditions it is exposed to.

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Ultimately, it should be emphasized that it is not the responsibility of OMI to catch the criminal or to solve the crime. The OMI is a partner with law enforcement in determining how someone died and helping law enforcement pursue information that might or might not suggest criminality.

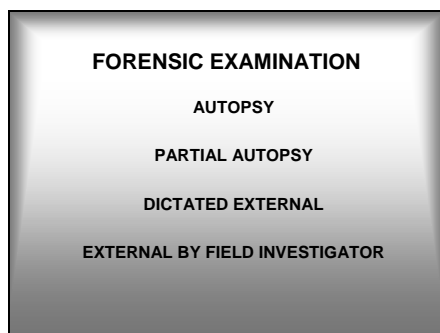
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SCENE RESPONSIBILITIES

A brief overview of the OMI's responsibility at any given death scene includes: **Pronounce Death; Gather & Record Information; Scene Photography; Provide Information; and take Custody of body**

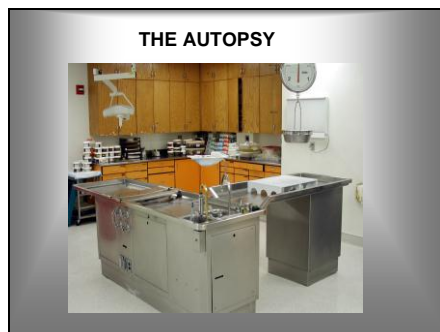
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Once the investigation is complete, it is now necessary to determine to what degree the body must be examined. The OMI has several choices including: **AUTOPSY; PARTIAL AUTOPSY; DICTATED EXTERNAL; or EXTERNAL EXAMINATION BY FIELD INVESTIGATOR**

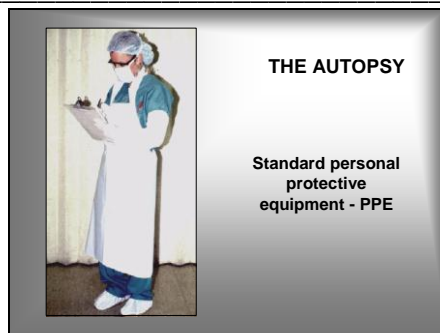
Examination of Remains & the Autopsy

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All autopsies conducted by the OMI are performed in the Central Office in Albuquerque. This is a photo of our autopsy suite and one of our autopsy tables. I show how the body is positioned on the exam table for examination by the physician.

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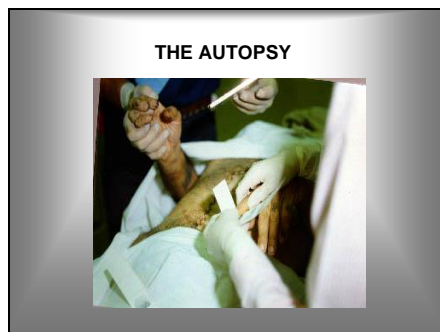
It is extremely important to emphasize how important Personal Protective Equipment can be at the scene and at OMI in the autopsy suite. Safety is always paramount when dealing with dead bodies and minimally we expect our investigators to wear gloves and mouth and eye protection when conducting investigations or examinations.

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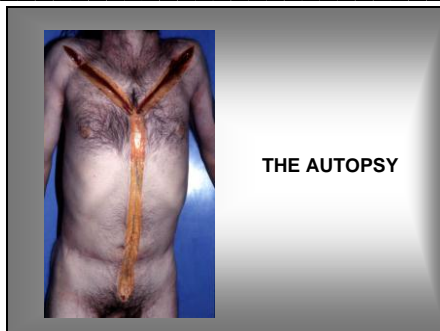
If the OMI will be issuing a death certificate in a certain case, as a minimum we will collect at examination or autopsy the following fluids from the body for toxicology testing: Blood, vitreous and urine. These samples may or may not be tested for alcohol, drugs, etc., depending on the circumstances and will be held for a period of 2 years and then destroyed.

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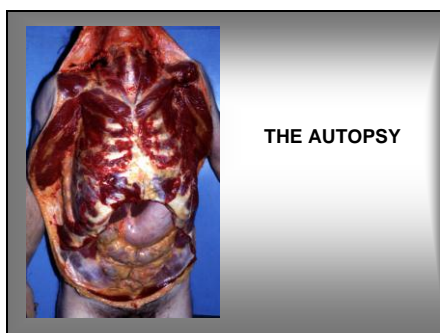
In homicide cases, certain evidence is collected prior to and at autopsy for law enforcement. It may include fingerprints, palm prints, footprints, fingernail clippings, hair from the axilla, pubis or head, and any other sample law enforcement or the pathologist might deem necessary for investigation. This material is turned over to law enforcement which then decides whether and how to get it tested using their or the state crime lab or other resources.

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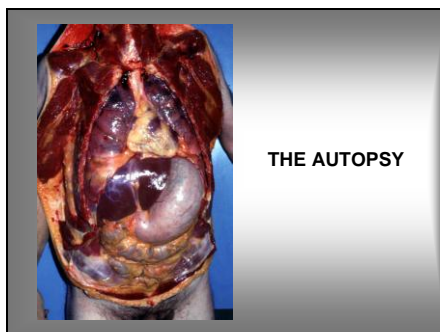
The autopsy begins by making a Y-incision starting at the shoulders cutting to mid-sternum and then down to the pubis.

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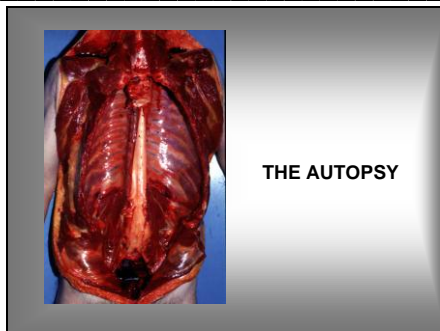
The flaps are everted exposing the rib cage. The body is examined for any evidence of trauma or hidden injury.

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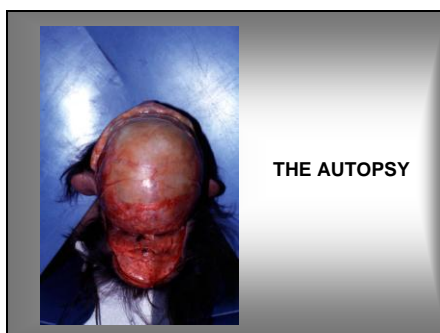
The sternum is cut away to reveal all of the internal organs.

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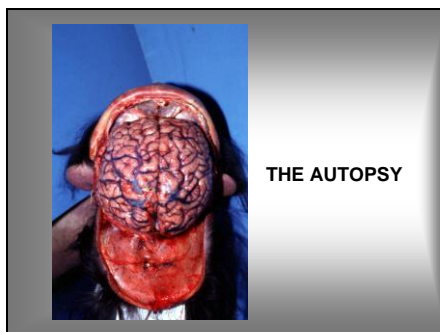
All of the internal organs are removed “en bloc” and the body cavity is again examined for any evidence of trauma, disease or lack of trauma or disease.

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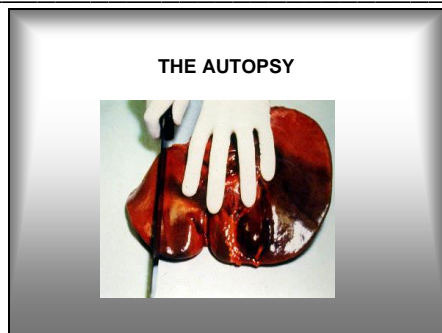
Part of the autopsy includes examination of the brain. An incision is made on the scalp from ear to ear and the scalp is pulled forward and back to reveal the cranial cap.

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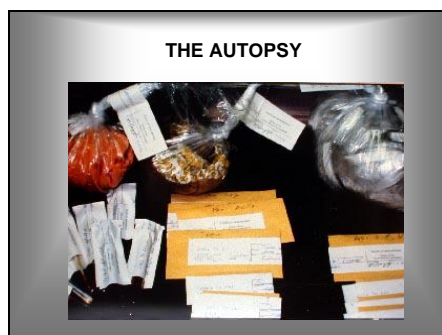
The cranial cap is removed exposing the brain. The brain is removed and the interior skull can then be examined for any signs of trauma or disease or lack of trauma or disease.

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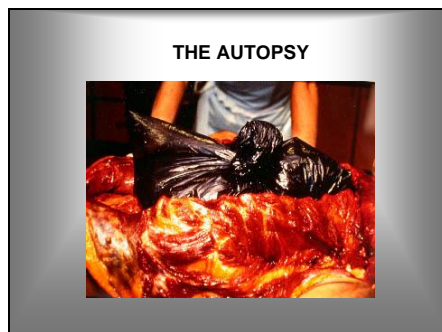
Each organ is examined individually for evidence to trauma or disease or lack thereof. A “bread loaf” cut is made of each organ so that the interior of the organ can also be examined. Sections of some organs may be retained for further microscopic examination if required.

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Any evidence collected from the body would be packaged appropriately and turned over to law enforcement through an appropriate chain of custody.


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Once the organs have been examined they are placed into a plastic bag and replaced in the body cavity. The body is then sewn loosely. When the funeral home picks up the body, they take it back to their facility, remove the plastic bag, replace the organs, and prepare the body for the family according to their wishes including embalming or cremation, etc.

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THE AUTOPSY



Autopsy reports are dictated and transcribed.

Information is entered into the computer.

Computer-generated reports can be issued and complex searches can be effected.

THE AUTOPSY

Autopsy reports are dictated and transcribed. Information is entered into the computer. Computer-generated reports can be issued and complex searches can be effected.

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The presentation is completed at this point and an autopsy video is shown that is approximately 25 minutes in length. The autopsy video provides an opportunity for the student to see how an autopsy is conducted.

ADDITIONAL INSTRUCTOR NOTES

COURSE AUDIT

PRIMARY INSTRUCTOR:

SECONDARY INSTRUCTOR:

SUPPORT STAFF (i.e.: Scenario Managers, Role Players, etc):

DATE(S)/ TIME(S) OF INSTRUCTION:

LOCATION OF INSTRUCTION:

RECOMMENDED CURRICULUM CHANGES: Identify inaccurate information, outdated information, new information to be added to update material, etc. (Use additional pages if necessary)

ADDITIONAL INSTRUCTOR NOTES

COURSE AUDIT (Continued)

ADDITIONAL INSTRUCTOR COMMENTS: (If any portion of the course content was not presented, indicate the specific content here)

If course content other than the NMDPS TRD approved Basic or PST academy curriculum is taught, the alternative curriculum must be submitted to the Law Enforcement Academy Deputy Director's office and approved prior to delivery of the alternative instructional materials.

☐ Alternative curriculum was taught.

Accreditation number of alternative curriculum:

	SIGNATURE	DATE
Primary Instructor	<input type="text"/>	<input type="text"/>
Reviewed by Program Coordinator	<input type="text"/>	<input type="text"/>
Reviewed by Bureau Chief	<input type="text"/>	<input type="text"/>
Reviewed by LEA Director or Designee	<input type="text"/>	<input type="text"/>